

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 7:26-2.12)

<u>Date of Notification (1)</u>				<u>Name of Building Owner/Operator (2)</u>					
<u>Agencies Notified</u>  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<u>Notification Type</u>  <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Cancelled		<u>Street Address</u>  <u>City, State, Zip Code</u>  <div style="display: flex; justify-content: space-between;"> <span><u>Name of Contact</u></span> <span><u>Tel. Number</u></span> </div>					
FACILITY INFORMATION									
<u>Name of Facility Where Abatement is Taking Place (3)</u>				<u>Type of Facility (4)</u>					
<u>Street Address</u>				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial bldgs., homes, etc.)					
<u>City (5)</u>		<u>County (6)</u>		<u>County Code (7)</u> <u>(State Use Only)</u>		Sq. Feet _____ # of Floors _____  Bldg. Age _____ Current Use (prior if being demolished) _____			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u>			<u>ASCM No.</u>			<u>Name of Contractor (9)</u>			
<u>Street Address</u>				<u>Street Address</u>					
<u>City, State, Zip Code</u>				<u>City State, ZipCode</u>					
<u>Project Manager for Monitoring Firm</u>		<u>Telephone Number</u>		<u>Telephone Number</u>		<u>License Number</u>			
<u>Scheduled Start Date (10)</u>		<u>Scheduled Completion Date (11)</u>		<u>Name of OSHA Monitor</u>					
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -  Describe _____  Other - Describe _____				<u>Street Address</u>  <u>City, State, Zip Code</u>					
<u>Source of Work (Check all that apply)</u>  <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Proj. (>160 SF or >260 LF ACM) <input type="checkbox"/> SM Proj. (>25<160 SF or >10 <260 LF ACM) <input type="checkbox"/> Minor Proj. (<25 SF or <10 LF ACM) <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure									
Location of Asbestos-Containing Material (ACM) in Facility (13)		Is Location Normally Used Solely by Maint./Custodial Staff? (12) _ YES                      NO                      NA		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)		<u>Abatement Type</u>  Rem.   Rep.   Encap   Enclose	
<u>Name of Reg. Waste Hauler</u>		<u>NJDEP Waste Hauler ID #</u>		<u>Cubic Yards of Waste</u>		<u>Name of Reg. Landfill</u>			
<u>City, State</u>						<u>Disp. Date</u>		<u>City, State</u>	
<u>Completed by (Print or Type)</u>		<u>Title</u>		<u>Signature</u>		<u>Date</u>			

Mail to: NJDEP-DSHW-BRRTP  
401 E. State St., PO 414  
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00